

CLAIMS ONLY							Application Number <i>10/10746024</i>	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1	<u>1</u>							
2	<u>1</u>							
3	<u>1</u>							
4	<u>1</u>							
5	<u>3</u>							
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Total Indep	<u>1</u>							
Total Depend	<u>8</u>							
Total Claims	<u>9</u>							